

Email: NCTHGeneral@nottshc.nhs.uk

AGREEMENT TO USE EMAIL / SMS TEXT MESSAGES* AS A COMMUNICATION TOOL

I understand that the security of emails / SMS Text messages* cannot be guaranteed outside the Trusts Network.

I understand the risks that someone may be able to intercept emails or text messages sent to myself and that I am responsible for security settings and access to my personal email / phone* supplied by a third party.

To avoid the possibility of information being sent to the incorrect email address / phone number* I will ensure the Trust is notified if I change my email address / phone number* or if circumstances change from those detailed below.

I have agreed with the Trust that I wish the following information to be communicated to me and or my representative by email / text* and if at any point I wish to change this I will be responsible for notifying Nottingham Centre for Transgender Health.

*delete as appropriate

I wish to be reminded of my appointments via text:
(when the service becomes available)

☐ YES ☐ NO
(Tick preference)

To receive information regarding my appointments via email:

☐ YES ☐ NO
(Tick preference)

To receive information about the service via email:

☐ YES ☐ NO
(Tick preference)

To request that I contact the service if necessary:

☐ YES ☐ NO
(Tick preference)

My email address is:

.....
Please use capital letters

My phone number is:

.....

Individual's Details

Preferred Name

Given Name
(If no Deed Poll change in place)

Date of Birth/...../.....

NHS Number (if known)

Signature

(Please note this must be a **handwritten** or **digitally written signature**, we CANNOT accept a typed signature)

Date/...../.....

Trust Representative Details

Print Name

Signature

Date/...../.....

To be filed within the Clinical Records system